

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM



APPLICATION FOR 90-DAY CERTIFICATE
CHANGE, CORRECTION, OR REPLACEMENT

SECTION 1 – PURPOSE OF APPLICATION

CHECK THE APPROPRIATE BOX(ES) TO INDICATE THE PURPOSE OF THIS APPLICATION SUBMITTAL AND FOLLOW THE INSTRUCTIONS PROVIDED.

- a. ☐ CHANGE OF RESIDENCE (**Certificate Holder:** Complete Sections 1, 2, 7, and return the old 90-DAY CERTIFICATE to the Department with this application).
- b. ☐ TERMINATION (**Dealer:** Complete Sections 1 and 3).
- c. ☐ PERSONAL NAME CHANGE (**Certificate Holder:** Complete Sections 1,4, 7, and return the old 90-DAY CERTIFICATE to the Department with this application).
- d. ☐ EMPLOYMENT LOCATION CHANGE (Same Employing Dealer) (**Dealer:** Complete Sections 1, 5, and return the old 90-DAY CERTIFICATE to the Department).
- e. ☐ REPLACEMENT 90-DAY CERTIFICATE(**Certificate Holder:** Complete Sections 1,6, and 7, return the 90-DAY CERTIFICATE, if available, to the Department with this application).

NOTE: COMPLETE SECTION 8 IF THE OLD 90-DAY CERTIFICATE IS NOT RETURNED WHEN REQUIRED.

This application shall be accompanied by the fee in accordance with the California Code of Regulations, Title 25, Chapter 4, Section 5040 for items (a) through (e) above as follows:

- (a) Change of Residence -\$45. (d) Employment Location Change-\$45.
(b) Termination-No fee required (e) Replacement 90-Day Certificate-\$45.
(c) Personal Name Change-\$45.

CERTIFICATE
HOLDER'S NAME: _____ 90-DAY CERTIFICATE NO. _____
Last First Middle

SECTION 2 – CHANGE OF RESIDENCE

NEW RESIDENCE ADDRESS _____
Number and Street City State ZIP Code

MAILING ADDRESS (If different) _____
P.O. Box or Number and Street City State ZIP Code

TELEPHONE (____) _____ EFFECTIVE DATE _____

SECTION 3 - TERMINATION

DEALERSHIP NAME _____ DEALER LICENSE NO. _____

DEALER'S REPRESENTATIVE _____
Signature Type or Print Full Name Title

EFFECTIVE DATE _____

SECTION 4 – PERSONAL NAME CHANGE

NEW NAME _____ EFFECTIVE DATE _____
LAST FIRST MIDDLE

FORMER NAME: _____

SECTION 5 –EMPLOYMENT LOCATION CHANGE (see employing dealer)

DEALERSHIP NAME _____ DEALER LICENSE NO. _____

EFFECTIVE DATE _____

NEW LOCATION OF EMPLOYMENT _____
Number and Street City State ZIP Code

FORMER LOCATION OF EMPLOYMENT _____
Number and Street City State ZIP Code

SECTION 6 – REPLACEMENT 90-DAY CERTIFICATE

CERTIFICATE
HOLDER'S NAME: _____ 90-DAY CERTIFICATE NO. _____
Last First Middle

ADDRESS _____
Number and Street City State ZIP Code

MAILING ADDRESS (If different) _____
P.O. Box or Number and Street City State ZIP Code

REPLACEMENT IS DUE TO: ☐ LOSS ☐ MUTILATION ☐ ERROR ☐ OTHER _____

Briefly explain circumstances: _____

SECTION 7 – CERTIFICATE HOLDER CERTIFICATION

I, _____, certify under penalty of perjury that the information contained herein is true
Type or Print Full Name
and correct to the best of my belief.

SIGNATURE _____ DATE _____

SECTION 8 – STATEMENT OF FACTS

I, _____, the under signed, hereby declare that I am unable to surrender the
Type or Print Full Name
90-DAY CERTIFICATE required to be returned with this Application for a 90-Day Certificate Change, Correction, or Replacement because:

I further acknowledge that said 90-Day Certificate remains the property of the Department of Housing and Community Development. Should the 90-Day Certificate be located or come into my possession at a later date, I will surrender it to the Department of Housing and Community Development.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON _____ IN THE COUNTY OF _____ STATE OF _____
Date

SIGNATURE _____

SUBMIT TO: Department of Housing and Community Development
Occupational Licensing
P.O. Box 31
Sacramento, CA 95812-0031